Mental Health Patient Advocate Office

2000 Annual Report

Alberta
HEALTH AND WELLNESS

ALBERTA
HEALTH

Office of the Minister

The Honourable Kenneth R. Kowalski
Office of the Speaker
Legislative Assembly of Alberta Room 325
Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Speaker:

I have the honour to present the eleventh Annual Report of the Mental Health Patient Advocate, which summarizes the activities of his office for the calendar year ending December 31, 2000.

Respectfully submitted,

Gary Mar

Gary Mar
Minister

Legislature Building, Edmonton, Alberta, Canada T5K 2B6 Telephone 780/427-3665 Fax 780/415-0961

Alberta
HEALTH AND WELLNESS

Mental Health Patient
Advocate Office

12th floor, Centre West Building
10035 - 108 Street
Edmonton, Alberta
Canada T5J 3E1

Telephone 780/422-1812
Fax 780/422-0695

In Replying Please Quote:

The Honourable Gary Mar
Minister of Health
Room 323
Legislature Building
Edmonton, Alberta
T5K 2B6

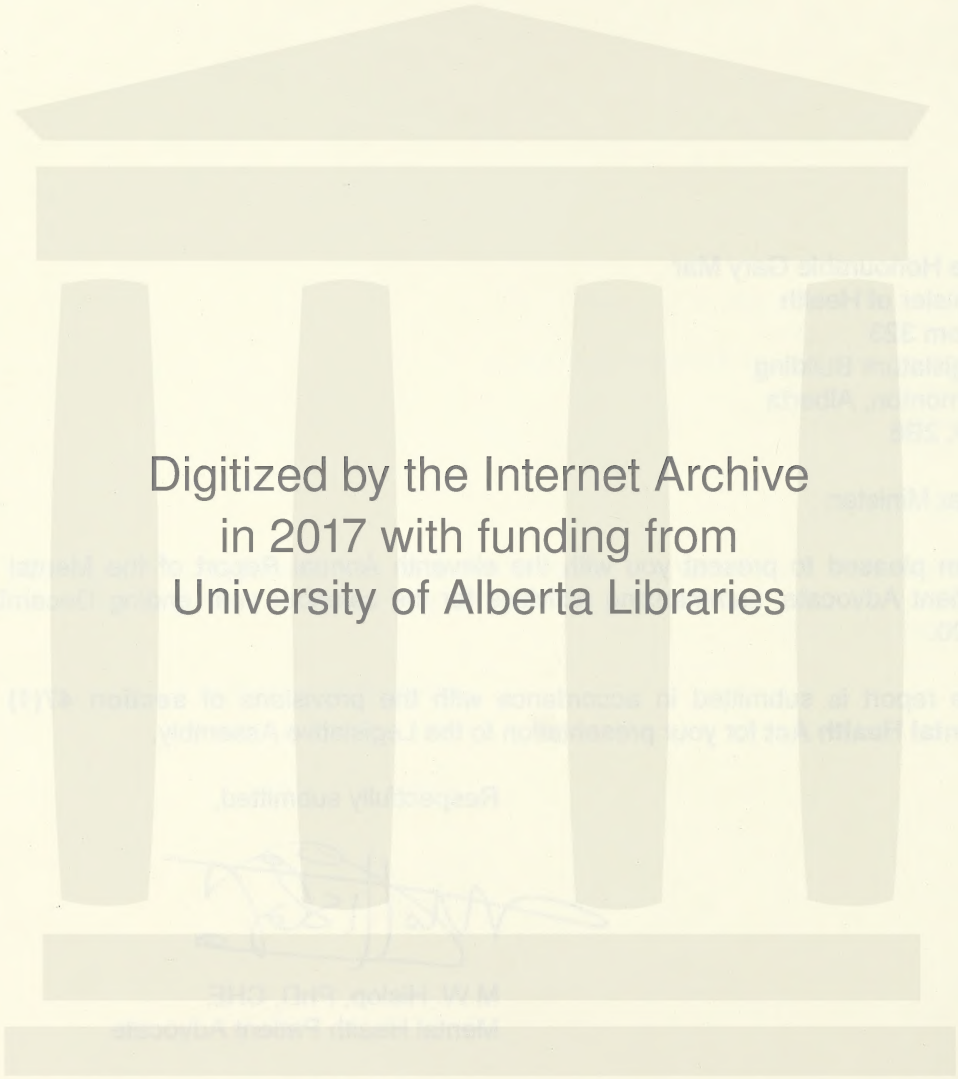
Dear Minister:

I am pleased to present you with the eleventh Annual Report of the Mental Health Patient Advocate, summarizing activities for the calendar year ending December 31, 2000.

The report is submitted in accordance with the provisions of **section 47(1)** of the **Mental Health Act** for your presentation to the Legislative Assembly.

Respectfully submitted,

M.W. Hislop, PhD, CHE
Mental Health Patient Advocate



Contents

Mandate and Functions

The *Alberta Mental Health Act* (1990) provides for the appointment of a Mental Health Patient Advocate to assist formal or certified patients in understanding and exercising their rights. The office is also authorized to investigate concerns and complaints relating to patients involuntarily detained in facilities designated under the *Act*. Fourteen hospitals throughout the province are currently designated as psychiatric facilities able to admit and detain formal patients; a listing of these is provided in the Appendices.

Current or former psychiatric patients, or anyone on their behalf, may submit inquiries or complaints regarding any person who is or has been a formal patient. Formal patients are persons who are involuntarily detained in designated psychiatric facilities under either two Admission Certificates or two Renewal Certificates as prescribed in the *Mental Health Act*. If it is uncertain whether an individual who is the subject of concern has been formally certified the Patient Advocate Office may be contacted directly and will ascertain the legal status of the patient. Telephone inquiries may be made to the Edmonton office at **(780) 422-1812**; calls from outside the greater Edmonton area may be placed free of long distance charges through the Alberta Government Rite Line **(310-0000-422-1812)**. Written complaints should contain as much detailed information as possible, be marked 'confidential' and mailed directly to:

Office of the Mental Health Patient Advocate
12th Floor, Centre West Building
10035 – 108 Street
Edmonton, Alberta
T5J 3E1.

Formal patients can have a wide range of questions or concerns about which they may approach the Patient Advocate Office. These include general rights provisions, certification concerns, care and treatment matters or day-to-day issues involving administrative, social or financial problems. Any complaints made to the Patient Advocate Office must relate to a period during which the person who is the subject of concern was hospitalized on formal patient status.

When the Patient Advocate Office receives an inquiry or complaint information is provided, where appropriate, about:

- the rights of formal patients under the *Mental Health Act*;
- how formal patients may obtain legal counsel;

- how applications to a Review Panel are made;
- how appeals to the Court of Queen's Bench may be commenced through the assistance of legal counsel.

Most inquiries receive responses on a same day basis. The Patient Advocate Office initially reviews any issues presented in order to ensure that it has the authority to pursue them. If the Patient Advocate does not have jurisdiction this fact is explicitly acknowledged. Depending on the issue, the office may be able to make general inquiries for information relating to the matter but can do so only by way of informal assistance. Many non-jurisdictional issues are simply referred to other appropriate authorities having the jurisdiction to deal with the problem, if such sources are available. In this regard the Patient Advocate maintains open and reciprocal communications with numerous offices and agencies offering mechanisms for redressing public concerns.

If the matter at hand is jurisdictional a decision is made as to whether the issues raised require a formal investigation. Wherever possible the office attempts to resolve matters informally; 'official' investigations are not normally required in order to address most concerns presented on behalf of certified patients. Rather, resolution is most often attained through clarifying communications, outlining prescribed legal provisions, mediating opposed perspectives or negotiating a patient's position with appropriate officials at the facility in question.

Where allegations are of a sensitive nature or serious accusations are made against specifically named individuals, formal investigative protocols will usually become necessary. In these instances the Patient Advocate is required to provide written notification to any patient who is the subject of an investigation, the board of the facility or facilities in question and any other persons named in the complaint. An investigator is assigned to review relevant clinical and administrative records, along with any other documents or information relating to issues raised in the complaint. All inquiries considered necessary to complete the investigation will be made, and the office may engage the services of lawyers, psychiatrists or other persons to assist in this process as required.

When an inquiry or investigation is completed the Patient Advocate Office will advise the patient and other principal parties as appropriate regarding disposition of the matter. In the case of formal investigations this must be provided in writing, and the facilities involved will receive a summary report which may include case specific and/or systemic recommendations relating to the issues investigated. All inquiries and investigations are conducted in strict confidence, and the Patient Advocate Office will not disclose information pertaining to any aspect of investigative activity except as required by law or by the performance of its duties under the *Mental Health Act.*

The Patient Advocate has no decision making authority that is binding on third parties and is not empowered to conduct systemic investigations. The office does monitor statutory and regulatory changes pertaining to psychiatric services, however, and makes recommendations to appropriate authorities regarding systemic problems, administrative polices and mental health legislation. Systemic and rights information pertaining to psychiatric patients and services are offered as well to the general public. In addition, office representatives routinely attend fatality inquiries involving formal patients and make regular site visits to most designated hospitals around the province on both a proactive basis and in response to individual complaints. The Patient Advocate has a legislated, province-wide mandate and reports directly to the Minister of Health and Wellness, who is required to lay copies of the Advocate's annual reports before the Legislative Assembly at times prescribed in the *Mental Health Act.*

MISSION STATEMENT

To serve as a resource for psychiatric patients by:

- Assisting formal (certified) patients involuntarily detained in facilities designated under the *Mental Health Act* to understand and exercise their rights;
- Investigating and facilitating redress for concerns and complaints relating to formal patients;
- Assessing and recommending revision to facility procedures for:
  - Admitting persons detained under the *Mental Health Act*;
  - Informing formal patients of their rights;
  - Providing information as required by the *Act* to guardians, relatives or designates of formal patients;
- Advocating for amendments to mental health and other protective legislation as these relate to formal patients;
- Offering a consumer oriented source of information for psychiatric patients and others acting on their behalf;
- Supporting client perspectives in the development and implementation of mental health policies and procedures;
- Promoting public, professional and consumer awareness of rights related issues in mental health.

Remarks of the Patient Advocate

The year 2000 presented a relatively uneventful period for the Patient Advocate Office. Work loads remained at approximately the same level as last year but patterns of incoming calls changed from 1999. Case files opened dropped slightly but resource service requests increased significantly, with the result that approximately the same number of total issues were addressed. The contacts required to resolve these collective concerns, however, were reduced from 1999 figures. It is tempting to say that this latter decrease represents enhanced efficiencies on the part of our office. More probably, however, the observed reduction simply reflects fewer repeat contacts from recidivist callers over the course of the year. A more detailed accounting of office operations is provided in the Activities section of this report.

Overall provincial data reflect continuing trends cited in previous annual reports. Data for the 1999/2000 fiscal period reveal over 12,300 psychiatric admissions to designated facilities and this figure is consistent with those recorded over the previous three years. Last year's report commented that the implications of this plateau were unclear. Either pressures on psychiatric services have leveled off since 1997 or the system is operating at maximum capacity given allotted resources. Recurring reports of psychiatric bed shortages throughout the province and the ongoing psychiatric use of medical/surgical/emergency beds negate the former interpretation and suggest that demands for psychiatric beds continue to exceed availability. Information from designated facilities indicate that an estimated 3,300 patients required formal certification under the *Mental Health Act*; this reflects an increase of about 18 per cent from those documented during the preceding three years. The latter figures not only reveal greater absolute numbers of certified patients; they also reflect a continuing progressive increase in the proportion of psychiatric admissions requiring formal status. Certified patients now account for 27 per cent of inpatient admissions to designated facilities, up from 23 per cent in 1998/1999 and from 17 per cent in 1990. Similarly, psychiatric 'holds' — patients detained for up to 24 hours but not fully certified — increased approximately 10 per cent from figures documented in 1999. Thus, while overall psychiatric admissions have not increased over the past few years detentions under the *Mental Health Act* (certifications plus 24-hour

holds) have risen significantly. These observations suggest increasing acuity levels for psychiatric admissions, and this has been cited as a continuing trend in past reports dating back to 1994. Despite this apparent increase in illness severity patients are not staying longer in hospital. The average length of stay (ALOS) in designated facilities during 2000 was four per cent lower than in 1998 and has dropped over 18 per cent from the 1996 figure. While these collective data are far from definitive they do suggest that psychiatric inpatient services throughout the province are dealing with a more acutely ill clientele and are operating at or beyond maximum capacity. They raise as well the corollary question of whether augmented demands on the system are being effectively met.

The range of problems presented to the Patient Advocate Office for resolution in 2000 was typically extensive, with most continuing to be of a legal nature. The most common concerns continue to be associated with the involuntary detention and compulsory treatment provisions of the *Mental Health Act*. Other concerns involved apprehension and conveyance procedures, sanitary conditions in designated hospitals and the *section 30* control provisions of the *Act*. Despite infusions of monies into the system previously cited psychiatric bed shortages appear to be an ongoing problem, one of sufficient significance to attract repeated media attention during the year. This situation has resulted in a continuation of the difficulties cited in last year's report which arise when patients are detained in emergency areas, medical/surgical beds or geriatric wards as opposed to psychiatric units. Although some recent improvements have been noted, patients in these instances are still not correctly certified on occasion, or accorded their rights prescribed under the *Act* because staff on these units are generally unfamiliar with *Mental Health Act* provisions. Such statutory violations can place both patients and detaining facilities at risk. As recommended last year there appears a continuing need for consistent and effective liaison between psychiatric and medical/emergency units in order that formal patients detained on non-psychiatric wards are correctly certified, receive timely and appropriate care, and are duly accorded their rights as required by law.

Not all calls coming to the Patient Advocate office present concerns or complaints. Many simply seek advice or information pertaining to appropriate clinical/administrative practices, appeal procedures for formal patients, or rights related issues associated with involuntary detention and treatment. The most prevalent service routinely rendered by our office is a detailed accounting of the rights provisions for patients seeking such information in relation to their own specific situations. Staff in designated facilities also continue to avail themselves of this office's consultative and resource services by seeking our opinion on matters of confusion or sensitivity. We are pleased that we continue to be consulted on rights related matters in the planning and provision of mental health services across the province.

As noted in previous reports many complaints fall beyond the narrow legislated mandate of our office, and only a portion of these are resolvable through referrals to other offices having authority to deal with the concerns. Numerous official bodies have accordingly requested over the years that the mandate for the Patient Advocate Office be reviewed. These include the Office of the Provincial Ombudsman, the Provincial Health Council, several professional and mental health consumer organizations as well as my own office. It has been recommended that the Patient Advocate's mandate be broadened to encompass all psychiatric patients residing in facilities designated under the *Mental Health Act*. These include:

- formal (certified) patients;
- persons detained involuntarily under Apprehension Orders or single Admission/Renewal Certificates pursuant to the *Mental Health Act*;
- patients involuntarily detained in designated forensic units under Court or Board of Review Disposition Orders;
- persons detained under Compulsory Care Orders pursuant to the *Dependent Adults Act*;
- informal (voluntary) psychiatric patients.

Only concerns of fully certified patients are currently jurisdictional. The lack of authority to intervene on behalf of persons apprehended and held under *sections 10* and *12* of the *Mental Health Act*, or detained under only one Admission Certificate constitute particularly problematic omissions that thwart

effective complaint resolution by introducing arbitrary barriers to the investigative process.

In addition, many informal patients meet the criteria specified in the *Mental Health Act* for certification but are not committed and detained involuntarily in order to foster more positive therapeutic relationships. These patients are certified if they attempt to leave the facility, and they typically reside in equally restrictive or secure environments as their formally committed co-patients. Patients in all of the above categories are sufficiently ill, confused, angry and/or anxious that they are often unable to speak or act effectively on their own behalf. They can thus have need of the advice, information, support and investigative/complaint resolution services provided by an independent advocate. It has also been suggested that it may be appropriate to consider a more proactive role for the Advocate's Office in dealing with systemic mental health matters.

It is awkward for any office to advocate on its own behalf with respect to augmenting its statutory authority without appearing parochial or self serving. Nonetheless, it has proved frustrating over the last 11 years to be consistently unable to address many significant concerns because of a limited legislated mandate involving extremely curtailed own motion powers of investigation. In a broader context, these restrictions reflect a larger set of statutory concerns for which recommendations have repeatedly been made to amend Alberta's mental health legislation. Only one significant content change has been enacted in the *Mental Health Act* since its proclamation in early 1990. It seems timely to revisit this important protective statute, which was drafted over 12 years ago, with a view to implementing appropriate amendments proposed by numerous stakeholders throughout the last decade.

Activity Summaries

A. General

Overall activities of the Patient Advocate Office for the 2000 calendar year are summarized in **Table I**. These data reflect a combination of both resource service and case file activities undertaken during the year. Unless otherwise noted the proportions and breakdowns presented are comparable with previous years' findings.

The Patient Advocate Office engaged in 1,961 personal, telephone or written contacts with Alberta citizens during the year 2000. These contacts represent an 11 per cent decrease from those documented for the previous year but they are not accompanied by parallel reductions in the numbers of problems presented for resolution. Overall issues totaled 2,218, and constitute a three per cent increase over those documented in 1999. These data reflect a continuation of the relative plateau in overall office activity that has been observed over the last several years. Total issues are broken down by category in **Figure I** and the historical trend of issues presented to the office is shown in **Figure II**. The issues addressed covered a similarly wide range of topics as was witnessed in previous years; some of their associated trends receive more detailed discussion in the earlier 'Remarks' section of this report.

B. Resource Services

Resource services comprise both office initiated and response related activities in which the office is used as an information source for persons seeking advice on individual problems or systemic matters relating to psychiatric services. Case files are not opened in these instances since callers are not concerned with a specific patient detained in a designated mental health

Table 1

Resource Services

Issues	879
Contacts	597

Case Files

Issues	1,339
Contacts	1,364
New Files	265

Overall Activity

Total Issues	2,218
Total Contacts	1,961

Figure I

Total Issues

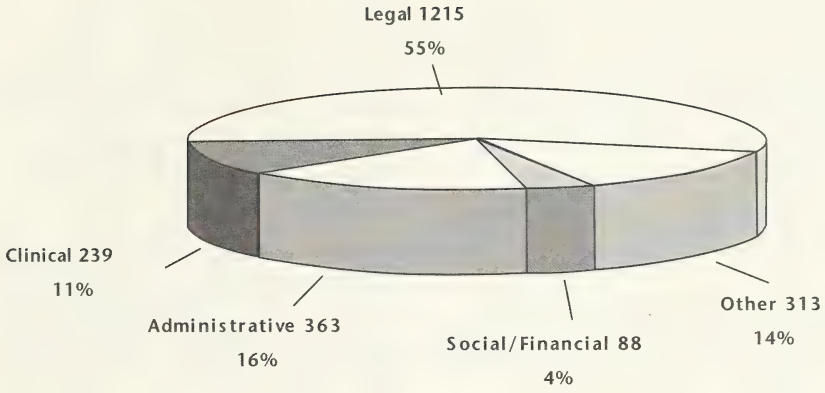
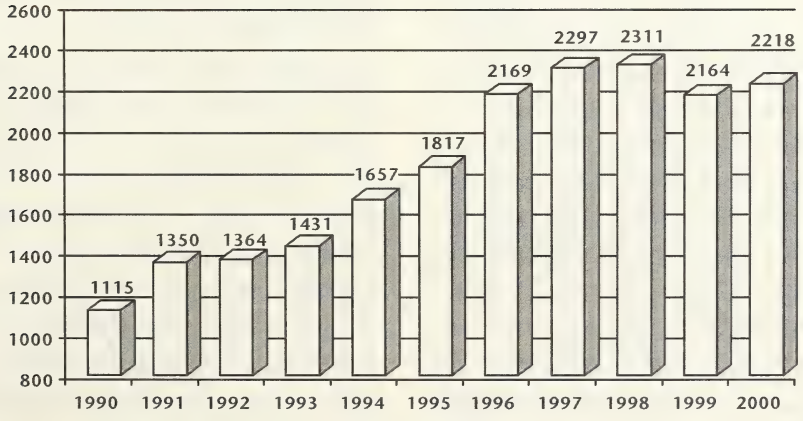


Figure II

Total Issues



facility. Most resource service requests come from individual citizens, but many emanate as well from a diverse range of agencies, government departments, legal firms, professional associations, MLA offices, consumer organizations and health or social service providers across the province. A few also come from concerned citizens, agencies and officials in other jurisdictions.

Resource service requests increased significantly during the year. A total of 597 resource contacts were documented, an increase of 14 per cent over those recorded in 1999. The number of individual issues or problems presented in the context of these collective resource service requests was 879, reflecting a 24 per cent increase over those addressed last year. These resource services include presentations made to the Fort McMurray Regional Hospital, the University of Alberta Hospitals, the Royal Alexandra Hospital, the Alberta Mental Health Board and several psychiatric support groups. The Patient Advocate also attended one Fatality Inquiry during the year and the results of five others were communicated to the Patient Advocate Office by the Chief Medical Examiner.

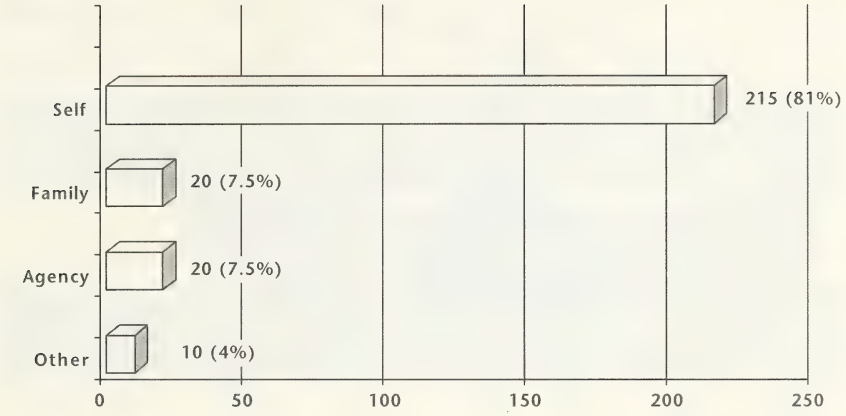
C. Case Work

Case files involve inquiries and investigations concerning patients currently or recently residing in designated mental health facilities around the province. These include formal investigations conducted under the *Protection of Persons in Care Act.* New case files opened during 2000 totaled 265. This reflects a decrease of seven per cent from those documented in 1999 but the figure remains higher than the average number of case files opened over the previous five years. The problems presented for resolution declined eight per cent during the year and totaled 1,339; the number of contacts required to resolve these case related concerns was 1,364. The average number of contacts required to conclude a case file was about five, and this is consistent with the averages recorded in previous years.

Figure III provides a breakdown of initial case contacts, showing the numbers and proportions emanating from patients themselves, family members and agencies on their behalf, or alternate sources such as friends, neighbors, landlords, other patients or concerned citizens. As in previous years the majority of cases (81 per cent) were self referred. Most initial case contacts consisted of telephone

Figure III

Sources of Initial Contact

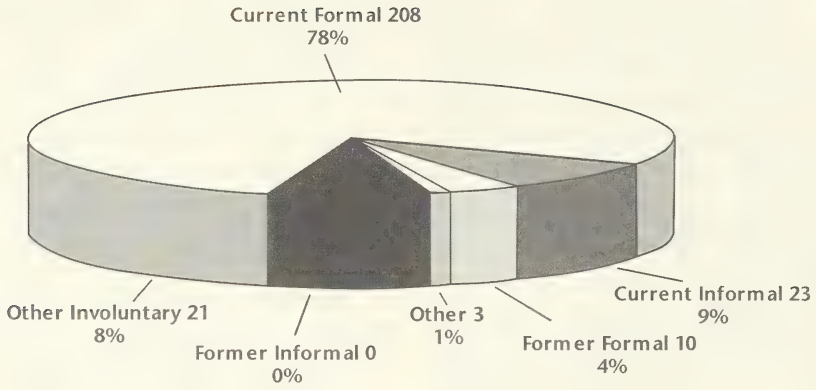


inquiries; the balance derived primarily from our routine site visits to designated psychiatric hospitals. Consistent with previous years' findings only a few initial case contacts were received in written form. The latter modality data do not distinguish between service requests originating directly from clients themselves and those coming from third party referrals. In all cases, however, the patient is considered the 'client' and third party complainants or referral agencies are subject to the strict confidentiality provisions prescribed for the office in the *Patient Advocate Regulation.*

Figure IV describes the legal status of patients for whom case files were opened during the year. The term 'Other Involuntary' denotes patients under compulsory detention in designated mental health facilities by way of Disposition Orders from the courts or Forensic Boards of Review, Compulsory Care Orders under the *Dependent Adults Act*, or single Admission Certificates pursuant to the *Mental Health Act.* The term 'Other' represents a catch-all category for patients not falling into any of the other classifications. It denotes persons currently or recently in hospital whose legal status was either irrelevant to the

Figure IV

Subjects of Call



presenting problem or undetermined due to lack of information from the complainant. Over 78 per cent of case file requests for assistance involved currently certified patients, consistent with the proportions recorded over the last several years. Remaining service requests related to informal patients, those involuntarily admitted under only one medical certificate or patients detained under authority other than the *Mental Health Act*. These patients remain non-jurisdictional for our office.

Table II denotes the disposition of case related issues addressed during the year, illustrating outcomes independently for jurisdictional and non-jurisdictional matters. Of the 1,339 case related issues presented to the office, 1,178 or 88 per cent were jurisdictional; this is consistent with levels observed over the last several years. Over 84 per cent of all presenting problems were 'resolved', but this does not necessarily reflect complete consumer satisfaction in all instances. Rather, it denotes actions and outcomes which capture all that might reasonably be accomplished by an advocacy service relative to the matters presented for assistance and/or resolution.

Table II

Issues — Disposition

Period January 1, 2000 – December 31, 2000

Disposition	Jurisdictional	Non-Jurisdictional	Total No.	%
R	1082	51	1133	84.6
U	6	1	7	0.5
D	12	7	19	1.4
D & R	69	100	169	12.6
NR/NA	7	2	9	0.7
NR/RNF	2	0	2	0.2
Total Issues	1178	161	1339	100

Legend:

R — Resolved
(fully or partially; see previous note)

U — Unsubstantiated
(verification not obtained, or issue remains sufficiently undefined as to preclude pursuit)

D — Discontinued
(inquiries/investigation dropped by the office or complainant due to lack of ability/need to further pursue; this can include an inability to establish jurisdiction)

D&R — Declined and Referred
(pertains primarily to non-jurisdictional issues when information or informal assistance are inappropriate or insufficient to resolve the matter; for jurisdictional concerns, denotes either that the patient is capable of pursuing remedy via established mechanisms but has made no attempts to do so, or that ultimate resolution is beyond the scope of office authority)

NR/NA — Not Resolved
(remedy not available)

NR/RNF — Not Resolved
(recommendations not acted upon, or investigation/follow-up not yet completed)

D. Agency Contacts

The Patient Advocate Office routinely deals with a wide range of individuals, offices and agencies. The following is a listing of most major sources other than individual complainants with which the office had direct contact during the year 2000.

Government Departments and Offices

Alberta Alcohol and Drug Abuse Commission

Alberta Community Development
- Human Rights and Citizenship Commission
- Protection of Persons in Care

Alberta Health and Wellness
- Claims
- Communications
- Corporate Services
- Deputy Minister
- Finance and Health Plan Administration
  - Financial Control
  - Financial Planning
- Health Facilities Review Committee
- Health Information and Accountability
  - Information Dissemination
  - Library Services
- Health Strategies
- Health Workforce Services
  - Employee Relations
  - Human Resource Services
- Mental Health Review Panels
  - Calgary
  - Edmonton
  - Ponoka
- Minister
- Policy and Planning
  - Issues Management
  - Legal and Legislative Services

Alberta Human Resources and Employment
- Assured Income for the Severely Handicapped
- Children's Advocate
- Fraud and Error Control
- Library Services
- Public Guardian
  - Provincial Office
  - Regional Offices
- Social Care Facilities Review Committee

Alberta Justice and Attorney General
- Chief Medical Examiner
  - Calgary
  - Edmonton
- Civil Law
- Communications
- Criminal Justice
  - Crown Prosecutor
- Library Services
- Public Trustee

Alberta Legislative Library

Ethics Commissioner

Information and Privacy Commissioner

MLA Offices:
- William Bonner (Edmonton-Glengarry)
- Dave Broda (Redwater)
- Karen Leibovici (Edmonton-Meadowlark)

Premier's Council on Persons with Disabilities

Provincial Health Ethics Network

Provincial Legislature
- Ceremonial and Security Services

Provincial Ombudsman

Public Affairs Bureau

Queen's Printer

Other Government Departments and Offices

British Columbia Ministry of Health
- Mental Health Advocate
- Mental Health Services
- Special Health Law Consultant

New Brunswick Legislative Library: Fredericton

New Brunswick Ministry of Health
- Psychiatric Patient Advocate: Moncton

Nova Scotia Department of Justice

Ontario Ministry of Health
- Psychiatric Patient Advocate: Toronto

Facilities

- Alberta Hospital Edmonton
- Alberta Hospital Ponoka
- Claresholm Care Centre
- Foothills General Hospital: Calgary
- Grey Nuns Hospital: Edmonton
- Lethbridge Regional Hospital
- Medicine Hat Regional Hospital
- Misericordia Hospital: Edmonton
- Northern Lights Regional Health Centre: Ft. McMurray
- Peter Lougheed Centre: Calgary
- Queen Elizabeth II General Hospital: Grande Prairie
- Rockyview General Hospital: Calgary
- Royal Alexandra Hospital: Edmonton
- University of Alberta Hospitals: Edmonton

Community Agencies and Organizations

- Aboriginal Case Managers Association
- Alberta Association for Community Living
- Alberta Mental Health Board
  - Patient Representatives
  - Provincial Office
  - Regional Clinics
- Alberta Vocational College: Lac La Biche
- Athabasca University
  - Student Services
- B.I.M. Larsson and Associates
- Boyle Street Community Services
- Brainstorm Association: Calgary
- Calgary Association of Self Help
- Canadian College of Health Service Executives: Ottawa, Ontario
- Canadian Mental Health Association
  - Provincial Office
  - Regional Offices
  - Self Help Network
- Child and Adolescent Services Association
- Citizen's Commission on Human Rights
- College of Physicians and Surgeons of Alberta
  - Advocate Office
- Commodore Hotel
- Driftpile First Nation Reserve
- Edmonton Police Service
- Edmonton Public Library
- Excel Resources Society
- Grande Prairie College
  - Library Services
- Grant MacEwan Community College
- Gunn Centre
- John Howard Society
- Landlord and Tenant Advisory Board
- Legal Aid Society of Alberta
  - Duty Counsel
  - Provincial Office
  - Regional Offices
- McMaster University: Hamilton, Ontario
- Metis Child and Family Services
- Micromedia: Toronto, Ontario
- National Library of Canada
- Provincial Health Authorities of Alberta
- Radke and Associates: Calgary
- Regional Health Authorities
  - Calgary
    - Mental Health and Psychiatric Services
  - Capital
    - Eastwood Public Health Centre
    - Environmental Health
    - Patient Concerns
    - West Jasper Place Public Health Centre
  - Chinook
  - Crossroads

    - David Thompson
    - Headwaters
    - Mistahia
    - Northern Lights
    - Palliser
- Royal Canadian Mounted Police
    - 'K' Division
- Schizophrenia Society of Alberta
    - Calgary Office
    - Edmonton Office
    - Unsung Heroes (Support Group)
- Schizophrenia Society of Canada: Saskatoon, Saskatchewan
- Support Network
    - Community Service Referral Line
    - Distress Line
- University of Alberta
    - Faculty of Extension
    - Faculty of Law
    - Faculty of Medicine and Dentistry
    - Faculty of Nursing
    - Health Law Institute
    - Student Legal Services
- University of Calgary
    - Faculty of Law
    - Faculty of Medicine
    - Faculty of Social Work
    - MacKimmie Library
- University of Lethbridge
    - Library Services
- University of New Brunswick: Fredericton
    - Gerard La Forest Law Library
    - Harriet Irving Library

Media Contacts

- CBC Radio: Calgary
- Edmonton Journal
- Edmonton Sun
- Information Network: Ottawa, Ontario
- Southam Information and Technology Group: Don Mills, Ontario

Appendices

Budget and Expenditures

Fiscal Year	Budget Allocation	Annual Expenditures	Surplus*
1990 – 91	358,518	243,810	114,708
1991 – 92	385,485	262,944	122,541
1992 – 93	385,189	256,359	128,830
1993 – 94	322,324	192,819	129,505
1994 – 95	299,000	176,759	122,241
1995 – 96	299,000	193,217	105,783
1996 – 97	262,000	186,816	75,184
1997 – 98	267,000	211,758	55,242
1998 – 99	285,000	226,634	58,366
1999 – 2000	296,000	228,071	67,929
2000 – 2001	302,000		

*Surplus returned to General Revenue

Rights Summary for Formal Patients

If you are a formal (involuntary) patient under the *Mental Health Act* you have numerous rights. The Mental Health Patient Advocate Office has summarized a few of these rights for your information.

Rights Regarding Your Detention

You have the right to be informed of the reasons for your involuntary detention, and to receive copies of your Admission or Renewal Certificates.

You have the right to appeal being kept in hospital against your will by applying to the Review Panel.

> The hospital will provide you with the name and address of the Review Panel Chairman, an application for review (Form 12), and any assistance you may require in making your application to the Review Panel.

You and your lawyer **have the right** to be present when evidence is given at the Review Panel hearing, and to question any person who gives evidence.

You have the right to appeal a decision of the Review Panel to not cancel your Admission or Renewal Certificates.

Rights Regarding Your Treatment

You have the right to refuse a treatment if you are mentally competent to make your own treatment decisions.

> If you object to treatment, your doctor may apply to the Review Panel. The Review Panel will review your situation, and either support your objection or support your doctor's application for a compulsory Treatment Order.

You have the right to apply to the Review Panel for a hearing to appeal your doctor's certificate (Form 11) stating that you are not mentally competent to make your own treatment decisions.

You and your lawyer **have the right** to be present when evidence is given at Review Panel hearings, and to question any person who gives evidence.

You have the right to appeal a Treatment Order or other written decision of the Review Panel.

General Rights

You have the right to contact and receive visits from your lawyer at any time.

> You may arrange legal representation for your Review Panel hearing if you so desire. Appeals of Review Panel decisions are made to the Court of Queen's Bench, and will require the assistance of a lawyer.

You have the right to confidentiality for all clinical records pertaining to your care in hospital, and for any communications written by you or to you. Hospital staff cannot open, read, withhold or interfere with the delivery of your correspondence.

You have the right to receive visitors during visiting hours fixed by the hospital unless your doctor thinks that visitors would be harmful to your health.

You have the right to contact the office of the Mental Health Patient Advocate regarding any questions or concerns that you might have with respect to your rights or care while in hospital.

For additional information call the Mental Health Patient Advocate Office at:

- Edmonton: **(780) 422-1812**
- Other Centres in Alberta: dial **310-0000-422-1812** (No long distance charges apply).

Mental Health Act

Designation of Facilities

The following hospitals are designated under the *Mental Health Act* as facilities for the care, observation, examination, assessment, treatment, detention and control of persons suffering from mental disorder:

- The Alberta Hospital Edmonton;
- The Alberta Hospital Ponoka;
- The Claresholm Care Centre;
- The Foothills Provincial General Hospital, Calgary;
- Grey Nuns Hospital, Edmonton;
- Lethbridge Regional Hospital;
- Medicine Hat Regional Hospital;
- Misericordia Hospital, Edmonton;
- Northern Lights Regional Health Centre, Fort McMurray;
- Peter Lougheed Centre, Calgary;
- Queen Elizabeth II Hospital, Grand Prairie;
- Rockyview General Hospital, Edmonton;
- Royal Alexandra Hospital, Edmonton;
- University of Alberta Hospitals, Edmonton.

The Forensic Services of the Peter Lougheed Centre and the Alberta Hospital Edmonton are designated as facilities for the purpose of *section 13* of the *Act.*

Mental Health Act

Part 6 — Mental Health Patient Advocate

Definition

44 In this Part, "Patient Advocate" means the Mental Health Patient Advocate appointed under *section 45.*

Patient Advocate

45(1) The Lieutenant Governor in Council shall appoint a Mental Health Patient Advocate, who shall investigate complaints from or relating to formal patients and exercise such other powers and perform such other duties as are prescribed in the *Regulations.*

(2) The Lieutenant Governor in Council may make regulations

(a) respecting the powers and duties of the Patient Advocate;

(b) requiring boards to make available any information referred to in the *Regulations* for the purpose of an investigation by the Patient Advocate.

Employees and advisors

46(1) In accordance with the *Public Service Act* there may be appointed any employees required to assist the Patient Advocate in performing his duties under this *Act.*

(2) The Patient Advocate may engage the services of lawyers, psychiatrists or other persons having special knowledge in connection with his duties under this *Act.*

Annual report

47(1) As soon as possible after the end of each year, the Patient Advocate shall prepare and submit to the Minister a report summarizing his activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then sitting, and if not, within 15 days after the commencement of the next ensuing sitting.

Mental Health Act

Patient Advocate Regulation

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Definitions

1 In this *Regulation*,

(a) "Act" means the *Mental Health Act*;

(b) "formal patient" includes a person who has been a formal patient;

(c) "Patient Advocate" means the Mental Health Patient Advocate appointed under the *Act*.

Delegation

2 The Patient Advocate may in writing delegate to any person holding any office under him any power or duty conferred or imposed on him under the *Act* or the regulations under the *Act*, except the power of delegation in this section and the power or duty to make any report under the *Act* or *Regulations*.

Power to act on a complaint relating to a formal patient

3(1)On receipt of a complaint from or relating to a formal patient, the Patient Advocate

(a) shall notify the board of the facility in which the formal patient is detained of the nature of the complaint,

(b) shall notify the formal patient, in writing, that a complaint has been received, of the nature of the complaint and of any investigation arising from the complaint,

(c) if a person other than a formal patient is named in the complaint, shall notify that person of any investigation arising from the complaint, and

(d) shall make any contact with the formal patient and conduct any investigation of the complaint that the Patient Advocate considers necessary.

(2) If a complaint relates to a formal patient who has been transferred from one facility to another, the notice under *subsection (1) (a)* shall be provided to the boards of both facilities.

(3) A formal patient and a person who has received notice of an investigation under *subsection (1) (c)* has the right to make representations to the Patient Advocate relating to the complaint.

(4) The Patient Advocate may investigate a complaint only as it relates to the period during which the person who is the subject of the complaint was subject to two Admission Certificates or two Renewal Certificates.

(5) On receipt of a complaint, the Patient Advocate shall provide to the formal patient and to the complainant, as far as is reasonable,

information respecting the following:

(a) the rights of the formal patient under the *Mental Health Act*;

(b) how the formal patient may obtain legal counsel;

(c) how to make an application to the Review Panel;

(d) how to commence an appeal to the Court of Queen's Bench.

Power to initiate an investigation without a complaint

4 The Patient Advocate may, without receiving a complaint, initiate and conduct an investigation into

(a) any procedure of a facility relating to the admission of a person detained in the facility pursuant to the *Act*, and

(b) any procedure of a facility

(i) for informing a formal patient of his rights, or

(ii) for providing information as required by the *Act* to guardians, nearest relatives or designates of a formal patient.

Procedures

5(1) The Patient Advocate

(a) shall maintain a record relating to every complaint and every investigation under this *Regulation*, and

(b) may make any inquiries he considers necessary to conduct an investigation.

(2) The Patient Advocate shall notify the board of a facility of his intention to contact a patient or a formal patient of the facility and the board shall grant the Patient Advocate access at all reasonable times.

(3) The Patient Advocate shall notify the board of a facility of his intention to carry out an investigation that relates to the facility, whether the investigation arises pursuant to *section 3 or 4*.

(4) The Patient Advocate is not required to hold a hearing.

(5) If the Patient Advocate requests in writing from the board of a facility

(a) any policy or directive of the facility,

(b) any medical or other record or any information, file or other document relating to a patient or a formal patient who is the subject of an investigation under *section 3* or *4*, or

(c) any other information, file or document relating to an investigation under *section 3* or *4*, the board shall, within a reasonable time after receipt of the request, provide access to the materials requested.

(6) If the Patient Advocate so requests, the board shall provide a copy of any materials requested under *subsection (5)*.

Disclosure

6 The Patient Advocate shall not disclose information obtained in the course of an investigation except as required by law or in the performance of his duties under the *Act* or this *Regulation*.

Report

7(1) On completion of an investigation, the Patient Advocate shall prepare and send to a board a copy of the report of the investigation.

(2) A report that contains recommendations shall state the reasons for the recommendations.

(3) If a report is sent to a board under *subsection (1)* and within a reasonable time after the report is sent to the board the Patient Advocate is of the opinion that the board has not taken appropriate action on any recommendation, the Patient Advocate shall send a copy of the report and the board's response, if any, to the Minister.

Frivolous complaint

8 The Patient Advocate may refuse to investigate or cease to investigate a complaint if in his opinion

(a) the subject matter of the complaint is trivial,

(b) the complaint is frivolous or vexatious, or

(c) having regard to all of the circumstances, no investigation is necessary.

Notice to complainant

9 The Patient Advocate

(a) shall inform a formal patient of the disposition of any complaint that relates to the formal patient, and

(b) may inform a complainant of the disposition of any complaint initiated by the complainant.

Coming into force

10 *This Regulation comes into force on January 1, 1990.*